

ATTACHMENT G
Wyoming Mental Health and Substance Abuse Services Division

Suicide Prevention Quarterly Report FY 2008

Submit an Electronic Copy via Email To:

Suicide Prevention Team Leader
Wyoming Department of Health
Mental Health & Substance Abuse Services
Division
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Date received: _____

Content reviewed by: _____

Filed on: _____

Introduction

This report is due the 15th of the following month after each quarter. **Please complete every section.**

Reporting Year: July 1, 2008 – September 30, 2009

Reporting Period (please check correct box):

First Quarter: July 1, 2007 – September 30, 2008

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Second Quarter: October 1, 2008 – December 31, 2008

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Third Quarter: January 1, 2009 – March 31, 2009

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Fourth Quarter: April 1, 2009 – June 30, 2009

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Coalition: _____

Coalition Contact & Address (include city/town & zip: _____

County: _____

Name & Title of Person Completing Form: _____

Work Phone: _____ Email: _____

Date Form Submitted: _____

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Please complete one form for each strategy. Feel free to add more activities if applicable.

Program/Strategy (from your approved funding proposal): _____

Activity 1: Please describe the first activity that took place related to this strategy. How was the coalition involved? What community resources were utilized? What were the results?

Activity 2: Please describe the second activity that took place related to this strategy. How was the coalition involved? What community resources were utilized? What were the results?

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Activity 3: Please describe the third activity that took place related to this strategy. How was the coalition involved? What community resources were utilized? What were the results?

Activity 4: Please describe the fourth activity that took place related to this strategy. How was the coalition involved? What community resources were utilized? What were the results?

Wyoming Mental Health and Substance Abuse Services Division

Any suggestions for the MHSASD Suicide Prevention Program or the State Suicide Prevention Task Force (What can we do better? Have you identified needs that need to be addressed?)

[illegible]